



Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

Addiction Training for Physicians

Approximately 70% of Americans see a primary care physician at least once every two years.¹ Among those visiting outpatient medical settings, up to 50% are estimated to have current problems with alcohol or drugs and up to 40% of hospital inpatients are treated for the consequences of their drinking or drug use.^{2,3}

Few physicians regularly screen their patients for alcohol and drug problems. Fortunately, training programs are effective in improving a physician's comfort level and skill with alcohol and drug use assessment.

The Problem

Most physicians miss signs of alcohol and drug abuse among patients. A survey conducted by the Center on Addiction and Substance Abuse (CASA) found 94% of physicians failed to detect symptoms of alcohol abuse among patients.⁴ Another study of over 1800 physicians found they provided alcohol screening to only 40% of their adolescent patients, on average.⁵

In a study of third-year medical students, only 19% recognized alcoholism during a mock chart review examination, even though the alcoholism diagnosis, a family history of alcoholism, and a 10-year history of extensive alcohol use were included prominently throughout the chart.⁶

Most physicians are uncomfortable discussing alcohol and drug use with patients, and feel unprepared to adequately diagnose addiction. In the CASA survey, less than 20% felt "very prepared" to diagnose alcohol and drug dependence.⁴

Unfortunately, most physicians receive inadequate training on how to deal effectively with this issue. A national survey of residency program directors found only 56% of the programs require training in substance use disorders.⁷ Even when training is required, very little is provided—median curriculum hours ranged from 3 to 12. A 1996 survey of U.S. medical school deans found an average of seven lecture hours and five discussion hours were devoted to alcohol and drug related disorders.⁸

Can Physicians Really Make a Difference?

Despite minimal training, most physicians support efforts to intervene with medical patients who have alcohol and drug problems.⁹

Physicians can and do make a difference. One study, called Project TrEAT, examined the impact of brief physician advice among 774 problem drinkers.¹⁰ Participants randomly assigned to the intervention group received two physician visits and two follow-up phone calls to discuss techniques for changing patterns of alcohol use. Long-term effects were measured at one, three, and four years later.

The Project TrEAT intervention had a positive effect. At each follow-up period, the intervention group had significant reductions in seven-day alcohol use, less frequent binge drinking episodes, and reductions in excessive drinking compared to those in the control group. There were also fewer hospitalizations and emergency department visits among the treatment sample.

The Solution

Because physicians have a positive impact on those with alcohol and drug use problems, it is important to provide them with the education and clinical skills to regularly screen medical

THE HAZELDEN BETTY FORD EXPERIENCE

The Hazelden Betty Ford Foundation is committed to education for physicians and other healthcare professionals. Professionals in Residence and Physicians in Residence (PIR) programs have been offered by Hazelden since 1975. Hazelden Betty Ford Foundation researchers are currently collaborating with Columbia University researchers to assess whether improvements made by PIR attendees translate to physician practices within medical care settings.

CONTROVERSIES & QUESTIONS

Question: Physicians are overwhelmed by increasing demands. Do alcohol and drug problems really fall within their domain of expertise?

Response: Alcohol and drugs contribute to and exacerbate medical problems. By receiving adequate training to assess for addiction, physicians are better equipped to effectively deal with a myriad of patient problems.

Question: Physicians often see alcoholics and drug addicts who seem uninterested in changing or getting help. How can physicians be expected to change?

Response: Profound changes can occur in those who have started their journey of recovery from addiction. Physicians can and do have a positive impact on patients with alcohol and drug use problems.

HOW TO USE THIS INFORMATION

Physicians: Remember the positive impact you can have on patients with alcohol and drug problems. Take advantage of training opportunities related to alcohol and drug use assessment. Review "Helping Patients With Alcohol Problems: A Health Practitioner's Guide" available on-line at www.niaaa.nih.gov/publications/protraining.htm.

Medical educators: Increase the number of curriculum hours devoted to alcohol and drug use problems at your institution. Encourage medical students to participate in substance use disorders training opportunities.

Policy: Advocate for improved substance abuse training and education for physicians.

Addiction Training for Physicians

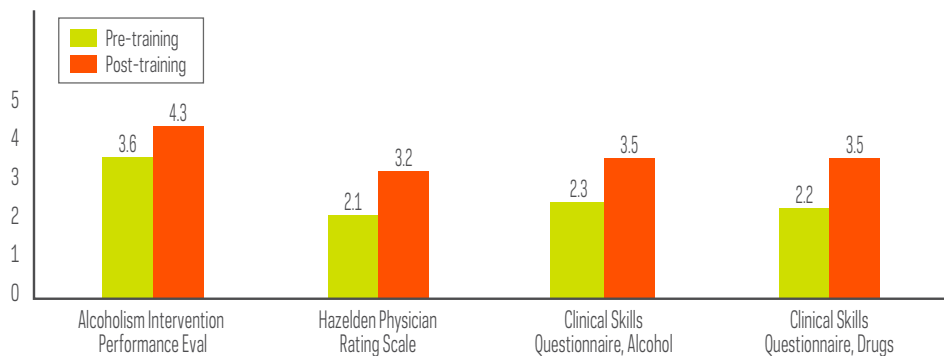
patients. Several training and educational methods for physicians have been shown to change attitudes, increase comfort levels, and improve skills in conducting alcohol and drug screening.

A one-day seminar positively changed 52 general psychiatry residents' attitudes and beliefs toward addiction.¹¹ Following the seminar, participants more strongly believed that physicians can motivate people to seek treatment. Unfortunately, the effect of one-day seminars or lectures on actual physician practices is unknown.

Experiential training programs change attitudes and improve assessment skills among physicians. A group of 31 medical residents completed a five-day Physicians In Residence (PIR) program at Hazelden in New York, an intermediate care facility providing alcohol and drug treatment.¹² Training included two daily lectures by experienced physicians, training and practice in assessment and treatment planning, participation in support groups, and interaction with Hazelden residents. Pre- and post-program measurement revealed significant improvements in self-rated clinical skills, knowledge and attitudes about substance dependence, and confidence in their abilities to assess for alcohol and drug problems.

A second study of the PIR program assessed whether self-reported improvement translated to actual changes in clinical skills among a group of 23 medical residents.¹³ Eight actors portrayed standardized patients with alcohol or drug problems. Program participants interviewed the standardized patients before and after the PIR training program. Trained observers rated the physicians using the Alcoholism Intervention Performance Evaluation, a standardized observational rating tool.¹⁴ Participants completed self-ratings using the Hazelden Physician Rating Scale and the Clinical Skills Questionnaire.¹⁵ Significant improvements in both observed and self-reported clinical skills were noted from pre-test to post-test (see figure below).

Improvement in observed and self-rated skills following Physicians-in-Residence training.¹³



Summary

Medical students receive little training on substance use disorders. Given the rates of alcohol and drug problems among those seeking medical care, providing physicians with the skills to recognize and address substance use problems is important. Training programs are effective in increasing a physician's comfort and ability to assess for alcohol and drug problems among medical patients.

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